

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED		VOUCHER NUMBER	
CANSJ		TORRES-CALDERON, JOSE			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
		CR-07-00745-JF			
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY		9. TYPE PERSON REPRESENTED	
U.S. V. TORRES-CALDERON		<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Prob Offense		<input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellate <input type="checkbox"/> Attorney	
10. REPRESENTATION TYPE (See Instructions)					
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 8:1326					
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS ALFREDO M. MORALES 75 E. SANTA CLARA ST., STE. 250 SAN JOSE CA 95112 Telephone Number 408-294-5400					
13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> B <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> C Co-counsel <input type="checkbox"/> Y Prior Attorney's Name: Jack Gordon Appointment Date: 3/28/2008 <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) Mag. Judge Tremblay <i>Robert V. Tremblay</i> Signature Of Presiding Judicial Officer Or By Order Of The Court 4/8/08 4/7/2008 Date Of Order Name Pro Temp. Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO					
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions.) FILED APR 16 2008 RICHARD W. WIEKING CLERK U.S. DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA					
15. In Court a. Arraignment And/or Plea b. Bail And Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (RATE PER HOUR =) TOTALS:		16. Out Of Court a. Interview and conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR =) TOTALS:	17. Travel Expenses (Lodging, parking, meals, mileage, etc.)	18. Other Expenses (other than expert, transcripts, etc.)	19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____
20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION			
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature Of Attorney _____ Date _____					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPROVED/CERT.	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		29A. JUDGE/MAG CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment appeared in excess of the statutory threshold amount			DATE		34A. JUDGE CODE